

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 581140

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	1		1			
5	1					
6	1		1			
7	1					
8	1			1		
9	1			1		
10		4		1		
11	1		1			
12	1		1			
13		4				
14	1		1			
15		1		1		
16		1		1		
17		1		1		
18		1		1		
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TOTAL IND.	10	↓	6	↓		↓
TOTAL DEP.	18	←	14	←		←
TOTAL CLAIMS	28		20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						